

FORM APPROVED COUNTY COUNSEL 11/13/14
 BY: GREGORY P. PRIAMOS DATE

**SUBMITTAL TO THE BOARD OF SUPERVISORS
 COUNTY OF RIVERSIDE, STATE OF CALIFORNIA**

537A



FROM: Don Kent, Treasurer/Tax Collector

SUBMITTAL DATE:
NOV 03 2014

SUBJECT: Recommendation for Distribution of Excess Proceeds for Tax Sale No. 189, Item 559. Last assessed to: Peter Foster and Gennie Foster, husband and wife as joint tenants. District 4/4 [\$28,661] Fund 65595 Excess Proceeds from Tax Sale.

RECOMMENDED MOTION: That the Board of Supervisors:

1. Approve the claim from Global Discoveries, Ltd., assignee for Huey G. Mitchell Jr., heir to the Estate of Peter Foster, last assessee for payment of excess proceeds resulting from the Tax Collector's public auction sale associated with parcel 848161011-4;

(continued on page two)

BACKGROUND:

Summary

In accordance with Section 3691 et seq. of the California Revenue and Taxation Code, and with prior approval of the Board of Supervisors, The Tax Collector conducted the March 15, 2011 public auction sale. The deed conveying title to the purchasers at the auction was recorded May 18, 2011. Further, as required by Section 4676 of the California Revenue and Taxation Code, notice of the right to claim excess proceeds was given on June 2, 2011, to parties of interest as defined in Section 4675 of said code. Parties of interest have been determined by an examination of lot book reports as well as Assessor's and Recorder's records, and various research methods were used to obtain current mailing addresses for these parties of interest.

(continued on page two)

Don Kent
 Don Kent
 Treasurer-Tax Collector

Departmental Concurrence

FINANCIAL DATA	Current Fiscal Year:	Next Fiscal Year:	Total Cost:	Ongoing Cost:	POLICY/CONSENT (per Exec. Office)
COST	\$ 28,661	\$ 0	\$ 28,661	\$ 0	Consent <input type="checkbox"/> Policy <input checked="" type="checkbox"/>
NET COUNTY COST	\$ 0	\$ 0	\$ 0	\$ 0	

SOURCE OF FUNDS: Fund 65595 Excess Proceeds from Tax Sale
Budget Adjustment: N/A
For Fiscal Year: 14/15

C.E.O. RECOMMENDATION:

APPROVE

BY: *Samuel Wong* 12/2/14
Samuel Wong

County Executive Office Signature

MINUTES OF THE BOARD OF SUPERVISORS

On motion of Supervisor Jeffries, seconded by Supervisor Benoit and duly carried, IT WAS ORDERED that the above matter is approved as recommended.

Ayes: Jeffries, Benoit and Ashley
 Nays: None
 Absent: Tavaglione
 Date: December 9, 2014
 xc: Treasurer, Auditor

Kecia Harper-Ihem
 Clerk of the Board
 By: *Kecia Harper-Ihem*
 Deputy

A-30
 Positions Added
 4/5 Vote
 Change Order

Prev. Agn. Ref.: District: 4/4 Agenda Number:

9-22

SUBMITTAL TO THE BOARD OF SUPERVISORS, COUNTY OF RIVERSIDE, STATE OF CALIFORNIA

FORM 11: Recommendation for Distribution of Excess Proceeds for Tax Sale No. 189, Item 559. Last assessed to: Peter Foster and Gennie Foster, husband and wife as joint tenants. District 4/4 [\$28,661] Fund 65595 Excess Proceeds from Tax Sale.

DATE: NOV 03 2014

PAGE: Page 2 of 2

RECOMMENDED MOTION:

2. Authorize and direct the Auditor-Controller to issue a warrant to Global Discoveries, Ltd., assignee for Huey G. Mitchell Jr., heir to the Estate of Peter Foster in the amount of \$28,661.96, no sooner than ninety days from the date of this order, unless an appeal has been filed in Superior Court, pursuant to the California Revenue and Taxation Code Section 4675.

BACKGROUND:

Summary (continued)

The Treasurer-Tax Collector has received one claim for excess proceeds:

1. Claim from Global Discoveries, Ltd., assignee for Huey G. Mitchell Jr., heir to the Estate of Peter Foster based on an Assignment of Right to Collect Excess Proceeds dated July 22, 2011, an Executor's Deed recorded October 10, 1968 as Instrument No. 97692, an Affidavit Under California Probate Code Section 13101 for the Estate of Peter Foster dated July 22, 2011, an Affidavit Under California Probate Code Section 13101 for the Estate of Ruthie Lee Hairston dated July 22, 2011, and the death certificates of Gennie Foster, Peter Foster, and Ruthie Lee Hairston.

Pursuant to Section 4675 (a) & (b) & (f) of the California Revenue and Taxation Code, it is the recommendation of this office that Global Discoveries, Ltd., assignee for Huey G. Mithcell Jr., heir to the Estate of Peter Foster be awarded excess proceeds in the amount of \$28,661.96. Supporting documentation has been provided. The Tax Collector requests approval of the above recommended motion.

Impact on Citizens and Businesses

Excess proceeds are being released to the heir of the last assessee of the property.

ATTACHMENTS (if needed, in this order):

A copy of the Excess Proceeds Claim form and supporting documentation are attached.

CLAIM SUMMARY

Date: October 3, 2011
To: Riverside County Treasurer and Tax Collector
Assessors Parcel Number: 848161011-4
Last Assessee: FOSTER PETER & GENNIE
Sale Date: 3/15/2011
TC: 189
Item Number: 559
Deadline: 5/18/2012

RECEIVED
2011 OCT 17 PM 1:55
RIVERSIDE COUNTY
TREAS-TAX COLLECTOR

Dear Treasurer/Tax Collector:

1. Claimant(s): Global Discoveries, Ltd.

The following proof of claim(s) for excess proceeds and documents are attached:

1. Explanation of Facts
2. Executor's Deed granting interest to Peter Foster and Genie Foster, Husband and Wife as Joint Tenants as Document Number: 97692, Recorded in Riverside County on 10/10/1968.
3. Certified Death Certificate for Genie Foster
4. Certified Death Certificate for Peter Foster
5. Probate Affidavit for the Estate of Peter Foster
6. Certified Birth Certificate for Ruthie Lee Foster
7. Certified Marriage Certificate between Ruthie Lee Foster and Huey Gene Mitchell
8. Certified Certificate of Registry of Marriage between Ruthie Lee Mitchell and George Nelson Hairston
9. Certified Death Certificate for Ruthie Lee Hairston
10. Probate Affidavit for the Estate of Ruthie Lee Hairston
11. Certificate of Live Birth for Huey Gene Mitchell Jr.
12. Assignment of Rights To Collect Excess Proceeds signed by Huey G. Mitchell Jr., as heir to the Estate of Ruthie Hairston, who was Heir to The Estate of Peter Foster
13. Claim form(s) signed by Global Discoveries
14. Color Photo ID for Assignor: Huey G. Mitchell Jr.

Upon approval, claimant(s) request that the Treasurer and Tax Collector issue its warrant(s) as follows:

- One warrant in the amount of \$28,661.96 or 100% of the claimant's share of the excess proceeds made payable to Global Discoveries, Ltd. and mailed to P.O. Box 1748, Modesto, California 95353-1748.

Please address questions regarding the attached claim(s) to Jed Byerly, Chief Operating Officer, at (209) 593-3913, or e-mail to jed@globaldiscoveries.com.

The Client(s) and the staff of Global Discoveries, Ltd., thank you in advance for your timely review and approval of the attached claim(s).

Certified Tracking Number: 7009-3410-0001-7917-9709

ASSIGNMENT OF RIGHT TO COLLECT EXCESS PROCEEDS

To expedite processing of this claim, we would strongly suggest you use this form. For this form to be valid it must be completed in its entirety and documentation establishing the assignor as a "party of interest" must be provided at the time this document is filed with the Treasurer-Tax Collector. PLEASE SEE REVERSE SIDE OF THIS DOCUMENT FOR FURTHER INSTRUCTIONS.

As a party of interest (defined in Section 4675 of the California Revenue and Taxation Code), I, the undersigned, do hereby assign to GLOBAL DISCOVERIES, LTD. my right to apply for and collect the excess proceeds which you are holding and to which I am entitled from the sale of assessment number 848161011-4, Tax Sale Number, Item 559 sold at public auction on 3/15/2011. I understand that the total of excess proceeds available for refund is \$ 29,556.25+/-, and that I AM GIVING UP MY RIGHT TO FILE A CLAIM FOR THEM. FOR VALUABLE CONSIDERATION RECEIVED I HAVE SOLD THIS RIGHT OF COLLECTION (assignment) TO THE ASSIGNEE. I certify under penalty of perjury that I have disclosed to the assignee all facts of which I am aware relating to the value of this right I am assigning.

[Signature] 7-22-11
(Signature of Party of Interest/Assignor) (Date)
Tax ID/SS# [Redacted]

Huey G. Mitchell, Jr. as heir to the Estate of Ruthie Hairston, who was Heir to The Estate of Peter Foster
(Name Printed)
7548 Black Oak Road
(Address)
San Diego, CA 92114-6037
(City/State/Zip)
619-792-6437
(Area Code/Telephone Number)

STATE OF CALIFORNIA)
COUNTY OF) ss.

On _____, before me, the undersigned, a Notary Public in and for said State, personally appeared _____ Who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct. WITNESS my hand and official seal.

(Signature of Notary)

see attached
(This area for official seal)

I, the undersigned, certify under penalty of perjury that I have disclosed to the party of interest (assignor), pursuant to Section 4675 of the California Revenue and Taxation Code, all facts of which I am aware relating to the value of the right he is assigning, that I have disclosed to him the full amount of excess proceeds available, and that I HAVE ADVISED HIM OF HIS RIGHT TO FILE A CLAIM ON HIS OWN WITHOUT ASSIGNING THAT RIGHT.

[Signature]
(Signature of Assignee)
Tax ID/SS# 77-0558969


Jed Byerly, Chief Operating Officer
(Name Printed)
Global Discoveries, Ltd.
(Address)
P.O. Box 1748
Modesto, California 95353-1748
(City/State/Zip)
Phone: (209) 593-3913

STATE OF CALIFORNIA)
COUNTY OF Stanislaus)

On 9/30/2011, before me, the undersigned, a Notary Public in and for said State, personally appeared ***Jed Byerly*** who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.
[Signature]
(Signature of Notary)

 MICHELLE REYNOSA
Commission # 1838466 (This area for official seal)
Notary Public - California
Stanislaus County
My Comm. Expires Mar 25, 2013

[REDACTED]

CALIFORNIA ALL-PURPOSE CERTIFICATE OF ACKNOWLEDGMENT

State of California

County of San Diego

On 7/22/2011 before me, Sandra Stickel, Notary Public
(Here insert name and title of the officer)

personally appeared Huey G. Mitchell

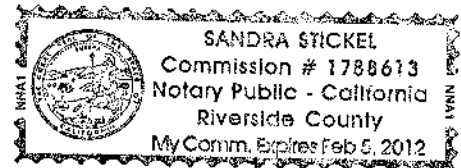
who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Sandra Stickel
 Signature of Notary Public

(Notary Seal)



ADDITIONAL OPTIONAL INFORMATION

INSTRUCTIONS FOR COMPLETING THIS FORM

Any acknowledgment completed in California must contain verbiage exactly as appears above in the notary section or a separate acknowledgment form must be properly completed and attached to that document. The only exception is if a document is to be recorded outside of California. In such instances, any alternative acknowledgment verbiage as may be printed on such a document so long as the verbiage does not require the notary to do something that is illegal for a notary in California (i.e. certifying the authorized capacity of the signer). Please check the document carefully for proper notarial wording and attach this form if required.

DESCRIPTION OF THE ATTACHED DOCUMENT

ASSIGNMENT OF RIGHT
(Title or description of attached document)

TO COLLECT EXCESS PROCEEDS
(Title or description of attached document continued)

Number of Pages _____ Document Date _____

(Additional information)

CAPACITY CLAIMED BY THE SIGNER

Individual (s)

Corporate Officer

(Title)

Partner(s)

Attorney-in-Fact

Trustee(s)

Other _____

- State and County information must be the State and County where the document signer(s) personally appeared before the notary public for acknowledgment.
- Date of notarization must be the date that the signer(s) personally appeared which must also be the same date the acknowledgment is completed.
- The notary public must print his or her name as it appears within his or her commission followed by a comma and then your title (notary public).
- Print the name(s) of document signer(s) who personally appear at the time of notarization.
- Indicate the correct singular or plural forms by crossing off incorrect forms (i.e. he/she/they, is /are) or circling the correct forms. Failure to correctly indicate this information may lead to rejection of document recording.
- The notary seal impression must be clear and photographically reproducible. Impression must not cover text or lines. If seal impression smudges, re-seal if a sufficient area permits, otherwise complete a different acknowledgment form.
- Signature of the notary public must match the signature on file with the office of the county clerk.
 - ❖ Additional information is not required but could help to ensure this acknowledgment is not misused or attached to a different document.
 - ❖ Indicate title or type of attached document, number of pages and date.
 - ❖ Indicate the capacity claimed by the signer. If the claimed capacity is a corporate officer, indicate the title (i.e. CEO, CFO, Secretary).
- Securely attach this document to the signed document

CLAIM FOR EXCESS PROCEEDS FROM THE SALE OF TAX DEFAULTED PROPERTY

To: Riverside County Treasurer and Tax Collector

Assessor's Parcel No: 848161011-4
Item Number: 559
Default Number: TC 189
Date of Sale: 3/15/2011

The undersigned claimant, Global Discoveries, Ltd., claims \$28,661.96+/- or 100% of the claimant's share of the actual amount of excess proceeds from the sale of the property referenced above.

Global Discoveries, Ltd., claims its status as a party of interest pursuant to Section 4675 of the California Revenue and Taxation Code based upon the attached documentation:

Please refer to Claim Summary and attached Documents

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed this 30th day of September 20 11 at Modesto, California.

By: Jed M
Jed Byerly, Chief Operating Officer
Global Discoveries, Ltd. Tax ID # 77-0558969
P.O. Box 1748
Modesto, CA 95353-1748
(209) 593-3913

CERTIFICATE OF ACKNOWLEDGEMENT OF NOTARY PUBLIC

State of California

County of Stanislaus

On 9/30/2011 before me, Michelle Reynosa, Notary Public personally appeared
(Date) (here insert name and title of the officer)

Jed Byerly, who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/~~she~~/~~they~~ executed the same in his/~~her~~/~~their~~ authorized capacity(ies), and that by his/~~her~~/~~their~~ signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.
[Signature] (seal)
Signature of Notary Public



97692

PAID
Doc. Transfer Tax
W. U. BALOGH
RIV. CO. RECORDER

When recorded mail to:

Peter Foster
28 1/2 South Second
Blythe, California

Doc. Transfer Tax \$ 13.75
By: John L. Speraw
TRUST REAL ESTATE OFFICER

EXECUTOR'S DEED

City of Blythe 30/2/19-2

IN CONSIDERATION of the sum of \$12,500.00, receipt of which is hereby acknowledged, the undersigned, SECURITY PACIFIC NATIONAL BANK, a national banking association, formerly SECURITY FIRST NATIONAL BANK, a national banking association, as Executor of the Will of AGNES ALBERTA PATTON aka ALBERTA A. PATTON, deceased, pursuant to the Order of the Superior Court of the State of California in and for the County of Riverside made in the matter of the estate of AGNES ALBERTA PATTON aka ALBERTA A. PATTON, deceased, proceeding No. Indio 2389, on the 6th day of September, 1968, confirming sale of real estate and directing the execution of a conveyance, hereby grants to PETER FOSTER and GENNIE FOSTER, husband and wife as joint tenants, all right, title, interest and estate of the decedent at the time of her death and all right, title and interest that the estate subsequently may have acquired by operation of law or otherwise, in and to the real property situated in the County of Riverside, State of California, described as follows:

Lot 11 of Bruce Park as shown by Map on file in Book 37, Page 29 of Maps, Riverside County Records, excepting therefrom all riparian rights in and to the waters of the Colorado River pertaining or appurtenant to said real property.

Dated: September 16, 1968

SECURITY PACIFIC NATIONAL BANK
By: [Signature]
Vice President and Trust Officer
By: [Signature]
Asst. Trust Real Estate Officer

STATE OF CALIFORNIA)
COUNTY OF RIVERSIDE)

On September 25, 1968, before me, the undersigned, a Notary Public in and for said County and State, personally appeared R. C. SCHULZ, known to me to be a Vice President, and JOHN L. SPERAW, known to me to be an Assistant Trust Real Estate Officer of SECURITY PACIFIC NATIONAL BANK, the national banking association that executed the within instrument and known to me to be the persons who executed the same on behalf of the national banking association therein named, and acknowledged to me that such national banking association executed the same in its capacity as Executor of the Will of AGNES ALBERTA PATTON aka ALBERTA A. PATTON, deceased.

WITNESS my hand and official seal.
NOTARY PUBLIC
COUNTY OF RIVERSIDE
STATE OF CALIFORNIA

[Signature]
Notary Public in and for said County and State

Notary Public
County of Riverside
State of California
My Comm. Expires August 15, 1971

976926 X

RECEIVED FOR RECORD

OCT 10 1968 X

AT 9:00 O'CLOCK A.M. X

At Request of
SECURITY TITLE INSURANCE CO.
Recorded in Official Records
of Riverside County, California

W.D. Balogh

Recorder
FEB 1 1968

2-

RECORDER'S MEMO: Legibility of writing.
Typing or Printing UNSATISFACTORY
In this document when received for Record.

END RECORDED DOCUMENT, W. D. BALOGH, COUNTY RECORDER

COUNTY OF RIVERSIDE

RIVERSIDE, CALIFORNIA

3 051997 018543

3 1997 33000627

CERTIFICATE OF DEATH

STATE OF CALIFORNIA USE BLACK INK ONLY AND REPRODUCE UNCHANGED OR ALTERATIONS VS-11 (REV. 7/2001)

LOCAL REGISTRATION NUMBER

Form with fields for decedent personal data, usual residence, informant, spouse and parent information, disposition, funeral director and local registrar, place of death, cause of death, physician's certification, coroner's use only, and state registrar.

INFORMATIONAL, NOT A VALID DOCUMENT TO ESTABLISH IDENTITY



CERTIFIED COPY OF VITAL RECORDS STATE OF CALIFORNIA, COUNTY OF RIVERSIDE

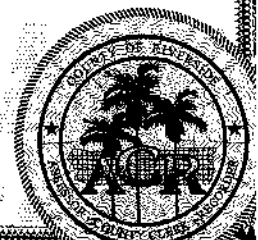
* 0 3 4 1 4 4 7 4 1 *

This is a true and exact reproduction of the document officially registered and placed on file in the office of the County of Riverside, Assessor-County Clerk-Recorder.

DATE ISSUED JUL 21 2011

This copy is not valid unless prepared on engraved border displaying date, seal and signature of the Assessor-County Clerk-Recorder.

Larry W. Ward Assessor-County Clerk-Recorder Riverside County, California



STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY OF SAN DIEGO
ASSESSOR/RECORDER/COUNTY CLERK

3 052000 176340

CERTIFICATE OF DEATH

3 200037 016238

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK OR INKLESS, WHITE CUTTY OR ALTERATIONS VBI-2 (REV. 1/90)				LOCAL REGISTRATION NUMBER								
DECEDENT PERSONAL DATA	1. NAME OF DECEDENT—FIRST (GIVEN) Peter		2. MIDDLE -		3. LAST (FAMILY) Foster									
	4. DATE OF BIRTH M/M/DD/CY 06/14/1914		5. AGE YRS 86		6. SEX M		7. DATE OF DEATH M/M/DD/CY 10/19/2000							
	8. STATE OF BIRTH AR		9. SOCIAL SECURITY NO. 20		11. MILITARY SERVICE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		12. MARITAL STATUS Wid							
	14. RACE Black		15. HISPANIC—SPECIFY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		16. USUAL EMPLOYER Palo Verde School District		17. EDUCATION—YEARS COMPLETED 12							
LEGAL RESIDENCE	17. OCCUPATION Custodian		18. KIND OF BUSINESS Education		19. YEARS IN OCCUPATION 35									
	20. RESIDENCE—STREET AND NUMBER OR LOCATION 400 Alice Lane													
	21. CITY Blythe		22. COUNTY Riverside		23. ZIP CODE 92225		25. STATE OR FOREIGN COUNTRY CA							
	26. NAME, RELATIONSHIP Ruth Hairston, daughter													
SPOUSE AND PARENT INFORMATION	28. NAME OF SURVIVING SPOUSE—FIRST -		29. MIDDLE -		27. MAILING ADDRESS—STREET AND NUMBER OR ROUTE NUMBER, CITY, COUNTY, STATE, ZIP 7851 San Vicente St., San Diego, CA 92116									
	31. NAME OF FATHER—FIRST Mitchell		32. MIDDLE -		33. LAST Foster		34. BIRTH STATE AR							
	35. NAME OF MOTHER—FIRST Mamie		36. MIDDLE -		37. LAST Reese		38. BIRTH STATE AR							
	39. DATE M/M/DD/CY 10/27/2000													
FUNERAL DIRECTOR AND LOCAL REGISTRAR	41. TYPE OF DISPOSITION BU		40. PLACE OF DISPOSITION Featherlight Mortuary				42. LICENSE NO. 7808							
	44. NAME OF FUNERAL DIRECTOR Featherlight Mortuary		45. LICENSE NO. OF FUNERAL DIRECTOR FD1003		43. DATE M/M/DD/CY 10/23/2000									
PLACE OF DEATH	101. PLACE OF DEATH RES—Ruth Hairston, daughter		102. IF LOCAL, SPECIFY ONE: <input type="checkbox"/> HOME <input type="checkbox"/> DOA <input type="checkbox"/> HOSP. <input type="checkbox"/> CARE <input type="checkbox"/> OTHER		103. COUNTY San Diego		104. CITY San Diego							
	105. STREET ADDRESS—STREET AND NUMBER OR LOCATION 7851 San Vicente St.													
CAUSE OF DEATH	107. DEATH WAS CAUSED BY (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C) (IMMEDIATE CAUSE) A. Cardiopulmonary Arrest		TIME INTERVAL BETWEEN ONSET AND DEATH 30mins		108. DEATH REPORTED TO CORNER <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO									
	DUE TO (B) Arteriosclerotic Heart Disease		20yrs		109. BIOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO									
	DUE TO (C) -				110. AUTOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO									
	111. USED IN DETERMINING CAUSE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO													
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107 none														
113. HAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? IF YES, LIST TYPE OF OPERATION AND DATE. no														
PHYSI- CIAN'S CERTIFI- CATION	114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. PRECEDENT ATTAINED SINCE DECEASED LAST BEEN ALIVE M/M/DD/CY 05/14/1900		115. SIGNATURE AND TITLE OF PHYSICIAN Richard Butcher		116. LICENSE NO. C27652		117. DATE M/M/DD/CY 10/24/2000							
	118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP Richard Butcher 286 Euclid Ave. #308, San Diego, CA 92114		119. MANNER OF DEATH <input type="checkbox"/> NATURAL <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> ACCIDENT <input type="checkbox"/> PENDING INVESTIGATION <input type="checkbox"/> COULD NOT BE DETERMINED		120. INJURY AT WORK <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		121. INJURY DATE M/M/DD/CY							
CORONER'S USE ONLY	122. LOCATION—STREET AND NUMBER OR LOCATION AND CITY, ZIP -		123. PLACE OF INJURY -		124. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY) -									
	125. SIGNATURE OF CORONER OR DEPUTY CORONER -		126. DATE M/M/DD/CY -		127. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER -									
STATE REGISTRAR	A	9	B	33	C	2	D	E	F	G	H	FAX AUTH. #	2017332	CENSUS TRACT

This is a true and exact reproduction of the document officially registered and placed on file in the office of the San Diego County Recorder/Clerk.

Ernest J. Dronenburg, Jr.

June 8, 2011

Ernest J. Dronenburg, Jr.
Assessor/Recorder/County Clerk

This copy is not valid unless prepared on an engraved border displaying date, seal and signature of the Recorder/County Clerk



* 0 0 3 0 8 8 1 5 8 *



STATE OF ARKANSAS

ARKANSAS STATE BOARD OF HEALTH Bureau of Vital Statistics CERTIFICATE OF BIRTH

1. PLACE OF BIRTH
 County of Lafayette
 Township State Registration District No. 5990 File No. 2135
 Inc. Town _____ Primary Registration Dist. No. 3204 Registered No. _____
 City _____ (No. _____ St.; _____ Ward)

2. FULL NAME OF CHILD RUTHIE LEE Foster } If child is not yet named: make supplemental report, as directed.

3. Sex of Child Female 4. Twin, triplet, or other? _____ 5. Number in order of birth? _____ 6. Are parents married? yes 7. Date of birth 6 1935
 Month Day Year
(To be answered only in event of plural births)

8. FULL NAME PETER FATHER Foster 14. FULL MAIDEN NAME GENNIE MOTHER Wimley

9. RESIDENCE (P. O. Address) Louisville, Ar 15. RESIDENCE (P. O. Address) Louisville, Ark

10. COLOR OR RACE Coloed 11. AGE WHEN CHILD WAS BORN _____ Years 16. BIRTHPLACE _____ 17. AGE WHEN CHILD WAS BORN 19 Years

12. BIRTHPLACE _____ 18. OCCUPATION Farming

19. OCCUPATION Farming

20. Number of children born to this mother including present birth one 21. Number of children of this mother now living one

22. CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____ at _____ M., on the day above stated.
 Born alive or stillborn _____

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Lewis

Given name added from a supplemental report _____

Address Louisville, Ar Midwife or Parents

AMENDED 08-27-01ah
 Registrar

Filed 7/16/36 O.T. Parker
 Registrar

23. Did you use a one per cent silver nitrate solution in the infant's eyes immediately after its birth? Yes _____ No X

Form V. S. No. 2-32



THIS IS TO CERTIFY THAT THE ABOVE IS A TRUE AND CORRECT COPY OF THE CERTIFICATE ON FILE IN THE ARKANSAS DEPARTMENT OF HEALTH.

08-11-2011

Mischelle Priebe

Mischelle Priebe
 State Registrar

WARNING: A REPRODUCTION OF THIS DOCUMENT RENDERS IT VOID AND INVALID. DO NOT ACCEPT UNLESS EMBOSSED SEAL OF THE ARKANSAS DEPARTMENT OF HEALTH IS PRESENT. IT IS ILLEGAL TO ALTER OR COUNTERFEIT THIS DOCUMENT.

2925995

N. B. - In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

196-35542-1936

Marriage License

8930

To any Regularly Licensed or Ordained Minister of the Gospel, any Judge of a Court of Record, or any Justice of the Peace within this County:

You are hereby authorized to solemnize the RITES OF MATRIMONY

Between Huey Gene Mitchell of Blythe, Calif.
and Ruthie Lee Foster of Blythe, Calif.

and endorse the same on this License and make return thereof to this office according to law.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal

this 16th day of July, A. D. 1953

(SEAL) JAMES B. McLAY

Clerk of the Superior Court of the State of Arizona
in and for the County of Yuma

By Virginia Underwood Deputy Clerk

Marriage Certificate

THIS CERTIFIES that on the 16th day of July, A. D. 1953

Huey Gene Mitchell and Ruthie Lee Foster

were united in marriage at Quartzsite Arizona, according to the laws of the

State of Arizona and by authority of the foregoing License, by Geo. Hagely Justice of the Peace

in the presence of Donald Luke and Faith McWilliams

who have attached their signatures as witnesses to said marriage ceremony.

IN WITNESS WHEREOF, The said contracting parties, the said witnesses and the said Geo. Hagely, J. P.

who solemnized such marriage ceremony, have hereunto set their hands, this 16th day of July, A. D. 1953

Donald Luke
(Witness)

Huey Gene Mitchell
(Contracting Party)

Faith McWilliams
(Witness)

Ruthie Lee Foster
(Contracting Party)

Geo. Hagely J. P.

(Officer, Minister or Person Performing Ceremony)

Returned and filed for record by Hagely this 22 day of July, 1953

at 9:30 clock A. M.

JAMES B. McLAY, Clerk

JUL 24 1953

231 S. 2nd St. Blythe, Calif.

By Deputy Clerk

CERTIFICATION

I, LYNN FAZZ, Clerk of the Superior Court,
County of Yuma, State of Arizona, do hereby CERTIFY
the foregoing is a full correct copy of the ORIGINAL
Marriage License and Certificate as the same appears
of record in this office in BOOK 200 PAGE 133

IN WITNESS WHEREOF I have hereunto set my hand
and seal this 23 day of Sept. 2011.

LYNN FAZZ, CLERK OF SUPERIOR COURT

BY Sandra Alarcon
Deputy Clerk

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY OF SAN DIEGO
ASSESSOR/RECORDER/COUNTY CLERK

CERTIFICATE OF REGISTRY OF MARRIAGE
(PERSONAL DATA LICENSE TO MARRY, CERTIFICATION OF MARRIAGE)

10946

71-134-08

GROOM PERSONAL DATA X	1a. NAME OF GROOM—FIRST NAME GEORGE	1b. MIDDLE NAME NELSON	1c. LAST NAME HAIRSTON	2. DATE OF BIRTH—MONTH DAY YEAR 4/30/38
	3. AGE (LAST BIRTHDAY) 33 YEARS	4. NUMBER OF THIS MARRIAGE TWO	5a. DATE LAST MARRIAGE ENDED 10/1/71	5b. PREVIOUS MARRIAGE ENDED BY DIVORCE
	6. BIRTHPLACE (STATE OR FOREIGN COUNTRY) BAHAMAS	7a. RESIDENCE OF GROOM—STREET ADDRESS (STREET AND NUMBER FIRST ADDRESS OR LOCATION) US NAVAL STATION 32nd ST.	7b. CITY OR TOWN SAN DIEGO	7c. COUNTY (IF IN STATE OF CALIFORNIA, ENTER STATE) SAN DIEGO
	8a. PRESENT OR LAST OCCUPATION USN	8b. KIND OF INDUSTRY OR BUSINESS USN	9. HIGHEST SCHOOL GRADE COMPLETED FOURTEEN	
BRIDE PERSONAL DATA X	10a. NAME OF FATHER OF GROOM RAMON HAIRSTON	10b. BIRTHPLACE OF FATHER BAHAMAS	10c. MAIDEN NAME OF MOTHER OF GROOM OLIVIA GRASTY	10d. BIRTHPLACE OF MOTHER BAHAMAS
	12a. NAME OF BRIDE—FIRST NAME RUTHIE	12b. MIDDLE NAME LEE	12c. LAST NAME MITCHELL	13. DATE OF BIRTH—MONTH DAY YEAR 7/6/35
	14. AGE (LAST BIRTHDAY) 36 YEARS	15. NUMBER OF THIS MARRIAGE TWO	16a. DATE LAST MARRIAGE ENDED 5/25/70	16b. LAST MARRIAGE ENDED BY DIVORCE
	17. BIRTHPLACE (STATE OR FOREIGN COUNTRY) CALIFORNIA	18a. RESIDENCE OF BRIDE—STREET ADDRESS (STREET AND NUMBER FIRST ADDRESS OR LOCATION) 831 BOLLENBACHER	18b. CITY OR TOWN SAN DIEGO	18c. COUNTY (IF IN STATE OF CALIFORNIA, ENTER STATE) SAN DIEGO
AFFIDAVIT OF BRIDE AND GROOM X	19a. PRESENT OR LAST OCCUPATION SECRETARY	19b. KIND OF INDUSTRY OR BUSINESS MEDICAL GROUP	20. HIGHEST SCHOOL GRADE COMPLETED FOURTEEN	21. MAIDEN NAME OF BRIDE (IF PREVIOUSLY MARRIED) FOSTER
	22a. NAME OF FATHER OF BRIDE PETER FOSTER	22b. BIRTHPLACE OF FATHER ARK.	23a. MAIDEN NAME OF MOTHER OF BRIDE JENNIE WIMLEY	23b. BIRTHPLACE OF MOTHER ARK.
	WE, THE BRIDE AND GROOM NAMED IN THIS CERTIFICATE, EACH FOR HIMSELF, STATE THAT THE FOREGOING INFORMATION IS CORRECT TO THE BEST OF OUR KNOWLEDGE AND BELIEVE THAT NO LEGAL OBJECTION TO THE MARRIAGE NOR TO THE ISSUANCE OF A LICENSE TO AUTHORIZE THE SAME IS KNOWN TO US AND HEREBY APPLY FOR LICENSE TO MARRY.			
	24a. BRIDE SIGNATURE <i>Ruthie Lee Mitchell</i>		24b. GROOM SIGNATURE <i>George Nelson Hairston</i>	
LICENSE TO MARRY X	25a. SUBSCRIBED AND SWORN TO BEFORE ME ON 10/20/71	25b. DATE LICENSE ISSUED 10/20/71	25c. LICENSE NUMBER A 42641	25d. COUNTY CLERK JESSE OSUNA
		25e. EXPIRATION DATE 1/18/72	25f. COUNTY OF ISSUE OF LICENSE SAN DIEGO	26. ADDRESS OF WITNESS—CITY OR TOWN AND STATE <i>San Diego, Calif.</i>
	26a. SIGNATURE OF WITNESS <i>Jesse Osuna</i>	26b. ADDRESS OF WITNESS—STREET ADDRESS <i>1014 5th St. S.D. Calif.</i>	26c. ADDRESS OF WITNESS—CITY OR TOWN AND STATE <i>San Diego, Calif.</i>	27c. ADDRESS OF WITNESS—CITY OR TOWN AND STATE
WITNESSES	27a. SIGNATURE OF WITNESS	27b. ADDRESS OF WITNESS—STREET ADDRESS	28. ADDRESS OF WITNESS—CITY OR TOWN AND STATE	
	29. I HEREBY CERTIFY THAT THE ABOVE NAMED BRIDE AND GROOM WERE JOINED BY ME IN MARRIAGE IN ACCORDANCE WITH THE LAWS OF THE STATE OF CALIFORNIA.			
	ON _____ MONTH _____ DAY _____ YEAR October 20th, 19 71		29a. SIGNATURE OF PERSON PERFORMING CEREMONY AND OFFICIAL TITLE <i>John R. Menard, Judge</i>	
CERTIFICATION OF PERSON PERFORMING CEREMONY X	29b. NAME OF PERSON PERFORMING CEREMONY (PRINT) John R. Menard		29c. DESIGNATION (OFFICE, MINISTRY OR RANK) Judge	
	29d. ADDRESS—STREET ADDRESS, CITY OR TOWN, AND STATE 1215 National Avenue National City, California 92050			
LOCAL REGISTRAR OF MARRIAGES (COUNTY RECORDER)	30. DATE ACCEPTED FOR REGISTRATION OCT 22 1971		31. LOCAL REGISTRAR—SIGNATURE <i>HARLEY F. BLOOM By Deputy</i>	
	31. LOCAL REGISTRAR—SIGNATURE <i>Joy H. Clark</i>			

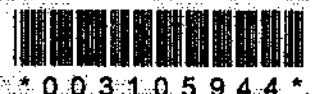
This is a true and exact reproduction of the document officially registered and placed on file in the office of the San Diego County Recorder/Clerk.

Ernest J. Dronenburg, Jr.

July 28, 2011

Ernest J. Dronenburg, Jr.
Assessor/Recorder/County Clerk

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[Court Index Home](#) [Previous Page](#) [New Case Number Search](#)

View Case Detail

Case Title: **HAIRSTON vs HAIRSTON**
Case Number: **D93346** Case Location: **San Diego**
Case Type: **Domestic** Date Filed: **05/28/1975**
Category: **A55201 Dissolution of Marriage**

File Location

Plaintiff/Petitioner		
Last Name or Business Name	First Name	Primary (P)
HAIRSTON	RUTHIE LEE	P

Defendant/Respondent		
Last Name or Business Name	First Name	Primary (P)
HAIRSTON	GEORGE NELSON	P

Imaged Case
This case has not been imaged.

Microfilm			
Microfilm ID	Location	Reel Number	Frame Number
1	SD-D		

COUNTY OF SAN DIEGO

ASSESSOR/RECORDER/COUNTY CLERK

3 052004 04 9562

CERTIFICATE OF DEATH

3 200437 005253

1. NAME OF DECEDENT - FIRST (Given)		2. MIDDLE		3. LAST (Family)	
RUTHIE		LEE		HAIRSTON	
4. DATE OF BIRTH (month/day/year)					
07/06/1935		5. AGE (Years)		68	
7. DATE OF DEATH (month/day/year)					
03/24/2004		8. HOURS (24 Hours)		1015	
9. DECEASED'S RACE - Up to 3 race of decedent, be filled (see worksheet on back)					
BLACK 20					
10. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED			11. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.)		
EXECUTIVE SECRETARY			MEDICAL OFFICES		
12. DECEASED'S RESIDENCE (Street and number or location)					
7851 SAN VICENTE ST.					
13. CITY		14. COUNTY/PROVINCE		15. ZIP CODE	
SAN DIEGO		SAN DIEGO		92114	
16. INFORMANT'S MAILING ADDRESS (Street and number or rural route number, city or town, state, ZIP)					
7548 BLACK OAK RD SAN DIEGO, CA. 92114					
17. NAME OF SURVIVING SPOUSE - FIRST			18. MIDDLE		
HUEY MITCHELL, JR. - SON			FOSTER		
19. NAME OF FATHER - FIRST			20. MIDDLE		
PETER			HIMLEY		
21. NAME OF MOTHER - FIRST			22. MIDDLE		
GENNIE			AR		
23. DISPOSITION DATE (month/day/year)		24. PLACE OF FINAL DISPOSITION			
03/29/2004		PALO VERDE CEMETERY 10700 10TH AVE, SKYBEE, CA 92225			
25. TYPE OF DISPOSITION					
BURIAL					
26. NAME OF FUNERAL ESTABLISHMENT		27. LICENSE NUMBER			
GREENWOOD MORTUARY		FD 843			
28. PLACE OF DEATH (Home or other location)		29. DATE (month/day/year)			
RESIDENCE (OWN)		03/26/2004			
30. COUNTY		31. FACILITY ADDRESS (Street and number or location)		32. CITY	
SAN DIEGO		7851 SAN VICENTE STREET		SAN DIEGO	
33. CAUSE OF DEATH (Enter the chain of events - diseases, injuries or complications in that directly caused death in order from the cause of death to the final event, using ICD-10 codes and abbreviations. Do not abbreviate.)					
I219 MYOCARDIAL INFARCTION					
I219 HYPERTENSION					
10F2					
34. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 33					
ALCOHOLISM					
35. WAS OPERATION PERFORMED FOR AMBLYOPIA IN ITEM 307 OR 1127? (If yes, list type of operation and date.)					
NO					
36. I CERTIFY TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE LISTED FROM THE CAUSE(S) STATED		37. SIGNATURE OF AND TITLE OF REGISTRAR		38. LICENSE NUMBER	
Ernest J. Dronenburg, Jr.		Ernest J. Dronenburg, Jr.		G61409	
11/19/1993		02/19/2004		117. DATE (month/day/year)	
11/19/1993		02/19/2004		180 OTAY LAKES ROAD, SUITE 300, BONITA, CA 91902	
39. MANNER OF DEATH (Natural, Accidental, Homicide, Suicide, Pending Investigation, Could not be Determined)					
Natural					
40. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)					
41. DESCRIBE HOW INJURY OCCURRED (If area which resulted in injury)					
42. LOCATION OF INJURY (Street and number, or location, and city, and ZIP)					
43. SIGNATURE OF CORONER/DEPUTY CORONER					
44. DATE (month/day/year)					
45. TYPE NAME, TITLE OF CORONER/DEPUTY CORONER					
STATE REGISTRAR		A 8 B X C 2 D E		FAX AUTH. # 2406021	
CENSUS TRACT					

This is a true and exact reproduction of the document officially registered and placed on file in the office of the San Diego County Recorder/Clerk.

Ernest J. Dronenburg, Jr.

July 28, 2011

Ernest J. Dronenburg, Jr. Assessor/Recorder/County Clerk

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* 003105945 *



COUNTY OF SAN DIEGO

ASSESSOR/RECORDER/COUNTY CLERK

3052004049502

AFFIDAVIT TO AMEND A RECORD

3 200437 005253

DEATHS AFTER 1-1994
NO ERASURES, WHITEOUTS, OR ALTERATIONS

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

STATE/LOCAL REGISTRAR USE ONLY

PART I INFORMATION TO LOCATE RECORD—TYPE OR PRINT IN BLACK INK ONLY

1. NAME—FIRST (GIVEN) RUTHIE
2. MIDDLE LEE
3. LAST (FAMILY) HAIRSTON
4. SEX F
5. DATE OF EVENT—MM/DD/CCYY 03/24/2004
6. CITY OF OCCURRENCE SAN DIEGO
7. COUNTY OF OCCURRENCE SAN DIEGO
8. FATHER'S NAME AS STATED ON ORIGINAL PETER - FOSTER
9. MOTHER'S NAME AS STATED ON ORIGINAL GENNIE - WIMLEY

PART II STATEMENT OF CORRECTIONS—NO ERASURES, WHITEOUTS, OR ALTERATIONS

Table with 3 columns: 10. CERTIFICATE ITEM NUMBER, 11. INFORMATION AS IT APPEARS ON ORIGINAL RECORD, 12. INFORMATION AS IT SHOULD APPEAR. Row 1: 41, BURIAL, CR78U.

NOT A VALID DOCUMENT TO ESTABLISH IDENTITY

REASON FOR CORRECTION: TO CHANGE MANNER OF DISPOSITION

AFFIDAVIT AND SIGNATURES: We, the undersigned, hereby certify under penalty of perjury that we have personal knowledge of the above facts and that the information given above is true and correct.

17. SIGNATURE OF FIRST PERSON, 18. TITLE/RELATIONSHIP TO PERSON IN PART, 19. DATE SIGNED—MM/DD/CCYY, 20. SIGNATURE OF SECOND PERSON, 21. TITLE/RELATIONSHIP TO PERSON IN PART, 22. DATE SIGNED—MM/DD/CCYY, 23. SIGNATURE OF STATE OR LOCAL REGISTRAR, 24. DATE ACCEPTED FOR REGISTRATION—MM/DD/CCYY

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Ernest J. Dronenburg, Jr.

July 28, 2011 Ernest J. Dronenburg, Jr. Assessor/Recorder/County Clerk

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* 003105946 *



STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

Book 245 Page 117

CERTIFICATE OF LIVE BIRTH

STATE OF CALIFORNIA DEPARTMENT OF PUBLIC HEALTH REGISTRATION DISTRICT NO. 1500 REGISTRAR'S NUMBER 6866

THIS CHILD (TYPE OR PRINT NAME)	1A. CHILD'S FIRST NAME Ruey		1B. MIDDLE NAME Gene	1C. LAST NAME MITCHELL Jr.	
	2. SEX Male	3A. TYPE BIRTH SINGLE, TWIN, OR TRIPLET Single		3B. IF TWIN OR TRIPLET, THIS CHILD BORN 1ST, 2ND, 3RD	4A. DATE OF BIRTH—MONTH, DAY, YEAR 2 December 1956
PLACE OF BIRTH <i>C 10</i>	5A. COUNTY Kern		5B. CITY OR TOWN China Lake		
	5C. FULL NAME OF HOSPITAL OR INSTITUTION Station Hospital		5D. ADDRESS (IF NOT IN HOSPITAL, BY INTERSTATE, BY STREET OR RURAL ADDRESS OR LOCATION, AND NOT ONE OF 2 OR 3 ABOVE)		
USUAL RESIDENCE OF CHILD	6A. STATE California	6B. COUNTY Kern	6C. CITY OR TOWN China Lake		6D. STREET OR RURAL ADDRESS (DO NOT USE P. O. BOX NUMBERS) 538-A Santee St.
	7A. MAIDEN NAME OF MOTHER—FIRST NAME Ruthie		7B. MIDDLE NAME Lee	7C. LAST NAME Foster	8. COLOR OR RACE OF MOTHER Negroid
MOTHER OF CHILD	9. AGE OF MOTHER (AT TIME OF THIS BIRTH) 21	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Arkansas		11. MAILING ADDRESS OF MOTHER—NUMBER 638-A Santee St. China Lake, California	
	12A. NAME OF FATHER—FIRST NAME Ruey		12B. MIDDLE NAME Gene	12C. LAST NAME Mitchell	13. COLOR OR RACE OF FATHER Negroid
FATHER OF CHILD	14. AGE OF FATHER (AT TIME OF THIS BIRTH) 27	15. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Texas		16A. USUAL OCCUPATION AA	16B. KIND OF BUSINESS OR INDUSTRY USN
	17A. SIGNATURE OF FATHER OR OTHER DEPENDANT MAJOR EMPLOYEE <i>[Signature]</i>		17B. SIGNATURE OF MOTHER OR OTHER DEPENDANT MAJOR EMPLOYEE <i>[Signature]</i>		17C. DATE SIGNED BY PARENT OR OTHER INFORMANT 2 December 1956
INFORMANT'S CERTIFICATION	1. I HEREBY CERTIFY THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.		18A. ADDRESS China Lake, USNOTS		18B. ADDRESS
ATTENDANT'S CERTIFICATION	2. I HEREBY CERTIFY THAT I ATTENDED THIS BIRTH AND THAT THE CHILD WAS BORN ALIVE AT THE MOUNT, DATE AND PLACE STATED ABOVE.		19A. SIGNATURE OF LOCAL REGISTRAR W. C. Buss, Jr.		19B. ADDRESS
REGISTRAR'S CERTIFICATION	19. DATE RECEIVED BY LOCAL REGISTRAR DEC 7 1956		20. SIGNATURE OF LOCAL REGISTRAR <i>[Signature]</i>		21. DATE ON WHICH NAME ADDED BY SUPPLEMENTAL NAME REPORT

220392

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA
COUNTY OF KERN

DATE ISSUED
NOV - 9 2001

This is a true and exact reproduction of the document officially registered and placed on file with the KERN COUNTY RECORDER.

James W. Maples
James W. Maples
ASSESSOR RECORDER

This copy is not valid unless prepared on engraved border displaying seal and signature of County Recorder.



AFFIDAVIT UNDER CALIFORNIA PROBATE CODE SECTION §13101

The undersigned state(s) as follows:

Peter Foster (name of decedent) died on 10/19/2000 (date), in the County of San Diego, State of California and:

1. At least forty days have elapsed since the death of the decedent, as shown by the attached certified copy of decedent's death certificate.
2. Either of the following, as appropriate:
 - A. No proceeding is now being or has been conducted in California for administration of the decedent's estate.
 - B. The decedent's personal representative has consented in writing to the payment, transfer, or delivery to the affiant or declarant of the property described in the affidavit or declaration.
3. The current gross fair market value of the decedent's real and personal property in California, excluding the property described in the California Probate Code Section 13050, does not exceed \$100,000.
4. An Inventory and Appraisalment of the real property in the decedent's estate is attached, or There is no real property in the estate.
5. A description of the property that is to be paid, transferred or delivered to the undersigned under the provisions of California Probate Code Section 13100:


400 ALICE LN BLYTHE 92225, IN THE CITY OF BLYTHE

Parcel: 848-161-011

(Attach additional sheets if necessary.)

6. The successor(s) of the decedent, as defined in Probate Code Section 13006, is/are:
Huey G. Mitchell
7. The undersigned is/are successor(s) of the decedent to the decedent's interest in the described property, or The undersigned is/are authorized under California Probate Code Section 13051 to act on behalf of the successor(s) of the decedent with respect to the decedent's interest in the described property.
8. No other person has a superior right to the interest of the decedent in the described property.
9. The undersigned requests that the described property be paid, delivered or transferred to the undersigned.

I/we declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date	Printed name	Signature
<u>7-22-11</u>	<u>Huey G. Mitchell</u>	
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

(Attach an additional sheet if necessary.)

1. Attach a certified copy of death certificate and if there is real property in the decedent's estate attach a completed Inventory and Appraisalment (Probate Form DE-160, DE-161).
2. Have this affidavit notarized

CALIFORNIA JURAT WITH AFFIANT STATEMENT

- See Attached Document (Notary to cross out lines 1-6 below)
 See Statement Below (Lines 1-5 to be completed only by document signer[s], not Notary)

1
2
3
4
5
6

Signature of Document Signer No. 1 _____ Signature of Document Signer No. 2 (if any) _____

State of California

County of San Diego

Subscribed and sworn to (or affirmed) before me on this

22 day of July, 20 11, by

(1) Huey G. Mitchell
Name of Signer

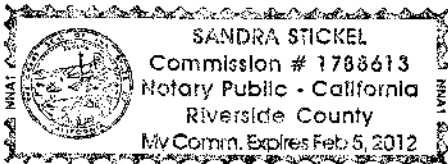
proved to me on the basis of satisfactory evidence to be the person who appeared before me (-)

(and

(2) _____
Name of Signer

proved to me on the basis of satisfactory evidence to be the person who appeared before me (-)

Signature Sandra Stichel
Signature of Notary Public



Place Notary Seal Above

OPTIONAL

Though the information below is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent removal and reattachment of this form to another document.

Further Description of Any Attached Document

Title or Type of Document: AFFIDAVIT UNDER CALIFORNIA PROBATE CODE SECTION 13101

Document Date: _____ Number of Pages: _____

Signer(s) Other Than Named Above: _____

RIGHT THUMBPRINT OF SIGNER #1
Top of thumb here

RIGHT THUMBPRINT OF SIGNER #2
Top of thumb here

AFFIDAVIT UNDER CALIFORNIA PROBATE CODE SECTION §13101

The undersigned state(s) as follows:

Ruthie Hairston (name of decedent) died on 3/24/2004 (date), in the County of San Diego, State of California and:

1. At least forty days have elapsed since the death of the decedent, as shown by the attached certified copy of decedent's death certificate.
2. Either of the following, as appropriate:
 - A. No proceeding is now being or has been conducted in California for administration of the decedent's estate.
 - B. The decedent's personal representative has consented in writing to the payment, transfer, or delivery to the affiant or declarant of the property described in the affidavit or declaration.
3. The current gross fair market value of the decedent's real and personal property in California, excluding the property described in the California Probate Code Section 13050, does not exceed \$100,000.
4. An inventory and Appraisal of the real property in the decedent's estate is attached, or There is no real property in the estate.
5. A description of the property that is to be paid, transferred or delivered to the undersigned under the provisions of California Probate Code Section 13100:

400 ALICE LN BLYTHE 92225, IN THE CITY OF BLYTHE

Parcel: 848-161-011

(Attach additional sheets if necessary.)

6. The successor(s) of the decedent, as defined in Probate Code Section 13006, is/are:
Huey G. Mitchell
7. The undersigned is/are successor(s) of the decedent to the decedent's interest in the described property, or The undersigned is/are authorized under California Probate Code Section 13051 to act on behalf of the successor(s) of the decedent with respect to the decedent's interest in the described property.
8. No other person has a superior right to the interest of the decedent in the described property.
9. The undersigned requests that the described property be paid, delivered or transferred to the undersigned.

I/we declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date	Printed name	Signature
<u>7-27-11</u>	<u>Huey G. Mitchell</u>	<u>Huey G. Mitchell</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

(Attach an additional sheet if necessary.)

1. Attach a certified copy of death certificate and if there is real property in the decedent's estate attach a completed inventory and Appraisal (Probate Form DE-160, DE-161).
2. Have this affidavit notarized

CALIFORNIA ALL-PURPOSE CERTIFICATE OF ACKNOWLEDGMENT

State of California

County of San Diego

On 7/22/2011 before me, Sandra Stichel, Notary Public,
(Here insert name and title of the officer)

personally appeared Huey G. Mitchell

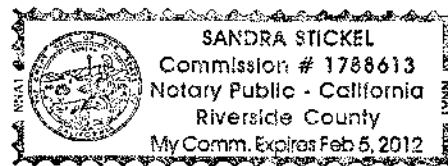
who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Sandra Stichel
Signature of Notary Public

(Notary Seal)



ADDITIONAL OPTIONAL INFORMATION

DESCRIPTION OF THE ATTACHED DOCUMENT

AFFIDAVIT UNDER CALIFORNIA
(Title or description of attached document)

PROBATE CODE SECTION 13121
(Title or description of attached document continued)

Number of Pages _____ Document Date _____

(Additional information)

CAPACITY CLAIMED BY THE SIGNER

- Individual (s)
 Corporate Officer

 (Title)
 Partner(s)
 Attorney-in-Fact
 Trustee(s)
 Other _____

INSTRUCTIONS FOR COMPLETING THIS FORM

Any acknowledgment completed in California must contain verbiage exactly as appears above in the notary section or a separate acknowledgment form must be properly completed and attached to that document. The only exception is if a document is to be recorded outside of California. In such instances, any alternative acknowledgment verbiage as may be printed on such a document so long as the verbiage does not require the notary to do something that is illegal for a notary in California (i.e. certifying the authorized capacity of the signer). Please check the document carefully for proper notarial wording and attach this form if required.

- State and County information must be the State and County where the document signer(s) personally appeared before the notary public for acknowledgment.
- Date of notarization must be the date that the signer(s) personally appeared which must also be the same date the acknowledgment is completed.
- The notary public must print his or her name as it appears within his or her commission followed by a comma and then your title (notary public).
- Print the name(s) of document signer(s) who personally appear at the time of notarization.
- Indicate the correct singular or plural forms by crossing off incorrect forms (i.e. he/she/~~they~~, is/are) or circling the correct forms. Failure to correctly indicate this information may lead to rejection of document recording.
- The notary seal impression must be clear and photographically reproducible. Impression must not cover text or lines. If seal impression smudges, re-seal if a sufficient area permits, otherwise complete a different acknowledgment form.
- Signature of the notary public must match the signature on file with the office of the county clerk.
 - ❖ Additional information is not required but could help to ensure this acknowledgment is not misused or attached to a different document.
 - ❖ Indicate title or type of attached document, number of pages and date.
 - ❖ Indicate the capacity claimed by the signer. If the claimed capacity is a corporate officer, indicate the title (i.e. CEO, CFO, Secretary).
- Securely attach this document to the signed document

DECLARATION
OF ONE AND THE SAME PERSON(S)

I, Huey G. Mitchell, Jr. as heir to the Estate of Ruthie Hairston, who was Heir to The Estate of Peter Foster, do hereby declare:

1. I am over the age of 18 and a resident of San Diego, CA. The facts set forth herein are true of my own personal knowledge. If called to testify as a witness in a judicial proceeding, I could, and would, testify truthfully and competently thereto.
2. I am one and the same person as Huey Gene Mitchell Jr., Huey G. Mitchell Jr., Huey Mitchell Jr., Huey Gene Mitchell, Huey G. Mitchell and Huey Mitchell.
3. I am the surviving son to Ruthie Hairston who is one and the same person as Ruth Hairston, Ruthie Lee Hairston and was formerly known as Ruthie Lee Mitchell and Ruthie Lee Foster.
4. Ruthie Hairston was the surviving daughter to Peter Foster who is one and the same person who was noted on the referenced Executor's Deed as Document Number: 97692, Recorded in Riverside County on 10/10/1968.
5. I assigned the excess proceeds to Global Discoveries, Ltd., for Riverside County Assessors Parcel Number 848-161-011 on July 22, 2011.

I declare under penalty of perjury that the foregoing is true and correct. Executed this 21 day of October, 2014, at 3, 15 PM

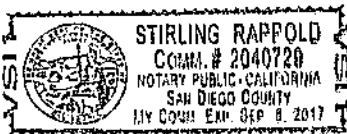
x *Huey G. Mitchell, Jr.*
Huey G. Mitchell, Jr. as heir to the Estate of Ruthie Hairston, who was Heir to The Estate of Peter Foster

State of California
County of San Diego

JURAT

Subscribed and sworn to (or affirmed) before me on this

21 day of October, 2014, by
Date Month Year
Huey G. Mitchell, Jr.
Name of Signer



proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Signature *Stirling Raffold*
Signature of Notary Public
10/21/2014

(Place Notary Seal Above)

DMV CALIFORNIA DMV

DRIVER LICENSE

EXPIRES 12-02-14

CLASS: C M1



HUEY GENE MITCHELL, JR
7548 BLACK OAK RD
SAN DIEGO CA 92114



SEX: M HAIR: BLK EYES: BRN
HT: 5-09 WT: 185 DOB: 12-02-56

Huey Gene Mitchell

03/30/2010 519 39 FD/14

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EXPLANATION OF FACTS FOR PROPERTY: 848161011-4

Peter Foster and Genie Foster are the record owners (Husband/Wife as Joint Tenants) of the above property per the enclosed Executor's Deed Recorded 10/10/1968.

¶

Genie Foster passed away on 01/17/1997, leaving Peter Foster as her surviving spouse and surviving Joint Tenant for the above property.

Peter Foster died intestate on 10/19/2000. Peter died a widow and left 1 surviving biological child; Ruthie Hairston (Maiden Last Name-Foster).

Ruthie Hairston died intestate on 03/24/2004. Ruthie died a divorced woman with one surviving biological child; Huey Mitchell, Jr.

Huey Mitchell, Jr., is entitled to collect 100% and/or \$28,661.96+- of the excess proceeds available for the above referenced property as the surviving grandchild to Peter Foster.